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SEAFORD URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the .

Medical Officer of Health

for the

YEAR ENDED - 31st DECEMBER, 1965.

SEAFORD URBAN DISTRICT COUNCIL

HEALTH & HOUSING COMMITTEE
CONSTITUTION AT DECEMBER 31st, 1965

Chairman

Councillor W. Hanson

Vice-Chairman

Councillor J.V.M. Tanner

Councillor F. M. Adami

Councillor V. E. Myers

Councillor T. M. Dibbo

Councillor F. J. Pettitt

Councillor J. M. Winn

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:-

J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,

The Grange, Southover, LEWES.
Telephone No. Lewes 4282

Public Health Inspector and Housing Manager:-


J. Murdoch, M.A.P.H.I., A.M. Inst.P.C.

Additional Public Health Inspector and Deputy Housing Manager:-

R. Bower, M.A.P.H.I. - (as from 3rd May, 1965)

Office Staff:-

Miss M. F. Cheal. (Clerk)



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To the Chairman and Members of the Seaford Health & Housing Committee

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for 1965.

The vital statistics of the area compare very favourably with those for England and Wales and do not call for any special comment.

319 cases of infectious disease were notified during the year and of these 318 were cases of measles. A measles vaccine was recently brought into limited use for groups of children considered to be special risk cases. The use of this vaccine on this limited scale although it may cut down the number of deaths from measles will do little to reduce the incident of measles in the population until a high proportion of the susceptible age groups is vaccinated. My own belief that measles should be removed from the list of notifiable diseases remains unchanged and the savings in administrative costs that would ensue are well illustrated by Seaford's figures for 1965. Two new cases of pulmonary tuberculosis were notified during the year compared with one new case in 1964.

There has been no change in the position regarding Brucellosis. The matter has been raised in Parliament on several occasions and a statement is expected from the Minister of Agriculture, Fisheries and Food at any time. However, there seems to be no urgency on the part of the Government to rid our dairy herds of this scourge. As far as the human population is concerned pasteurisation of all milk supplies would solve the problem and this measure would also protect the public from all other milk-borne infections, outbreaks of which occur from time to time in different parts of the country. The supply of raw untreated milk is a potential danger to health which can be eliminated by pasteurisation.

There is only limited progress to report on the proposed sewerage and sewage proposal scheme for Bishopstone. This is part of a joint scheme to drain both Bishopstone in Seaford Urban District and Norton in the Cheiley Rural District. A detailed scheme and agreement between the two authorities is under consideration at present.

The East Sussex County Council finally decided in February 1966 not to introduce fluoridation of the water supplies in their area despite medical and dental assurances that this is a safe and effective method of improving the deplorable state of the nation's teeth.

I should like to comment once again on the need for eternal vigilance against the ingestion diseases; that is, those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks, particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked foodstuffs are touched by hand, whenever

they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount; it is up to the public to raise their standards. They will get the standard of service they demand.

An additional Public Health Inspector has been employed since May 1965. This has enabled the department to carry out a considerable amount of work in connection with the Offices, Shops and Railway Premises Act, that otherwise would not have been done. In addition to this it has meant that more time could be spent on other routine duties such as Food Hygiene inspections, unfit housing and all the other multiple aspects of Public Health administration. Additional housing management duties have also been taken on by the department and the experience gained since May has shown that the appointment of an additional inspector was vital to the administration of the department and his appointment has done much to improve the health administration of the district generally.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Murdoch for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am Mr. Chairman and Gentlemen,
Your obedient Servant,

J. L. COTTON,

Medical Officer of Health.

SECTION I

STATISTICS OF THE AREA

(a) GENERAL STATISTICS

Area (acres)	4,274
Population (Registrar General's estimate for mid year 1965)	14,460
Population (1901 Census)	3,355
Population (1931 Census)	6,925
Population (1951 Census)	9,001
Population (1961 Census)	10,994
Net increase in population during the year	430
Number of inhabited houses 1931	1,480
Number of inhabited houses 1951	2,606
Number of inhabited houses 1961	3,800
Number of inhabited houses 1965	5,063
Rateable Value (1st April, 1966)	£624,925
Estimated product of a penny rate 1966-1967	£2,460

(b) VITAL STATISTICS

1. Births & Birth Rates

1. <u>Births & Birth Rates</u>	<u>SEAFORD</u> <u>U.D.</u>	<u>ENGLAND</u> <u>& WALES</u>	
Live births	160		
Live birth rate per 1,000 population (crude)	11.1		
* Corrected birth rate	22.5	18.1	
Illegitimate live births per cent of total live births	6.2		
Still births	4		
Still birth rate per 1,000 live and still births	24.4	15.7	
Total live and still births	164		
	Male	Female	Total
Live births			
Legitimate	76	74	150
Illegitimate	6	4	10
Totals:	82	78	160
	Male	Female	Total
Still births			
Legitimate	2	-	2
Illegitimate	1	1	2
Totals:	3	1	4

2. Deaths & Death Rates

Deaths	241	
Death Rate per 1,000 population (crude)	16.7	11.5
* Corrected death rate	8.3	
Infant deaths (deaths under 1 year)	0	

2. DEATHS & DEATH RATES (Continued)

	<u>SEAFORD</u> <u>U.D.</u>	<u>ENGLAND</u> <u>& WALES</u>
Total infant deaths per 1,000 total live births	0	19.0
Legitimate infant deaths per 1,000 legitimate live births	0	-
Illegitimate infant deaths per 1,000 illegitimate live births	0	-
Neo-natal mortality rate (deaths under 4 weeks per 1,000 live births)	0	not available
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	0	11.2
Perinatal mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	24.4	26.9
Maternal mortality (including abortion) Number of deaths	0	219
rate per 1,000 live and still births	0	0.25

⌘ In order to compare death rates and birth rates in different parts of the country, the Registrar-General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 2.03 to the crude birth rate of 11.1, the adjusted rate becomes 22.5 which is above the rate for England and Wales at 18.1. Similarly a comparability factor of 0.50 applied to the death rate makes the adjusted rate 8.3. This is below the rate for England and Wales at 11.5.

POPULATION

The population of Seaford for the last ten years is as follows:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth</u> <u>Rate</u>	<u>Adjusted</u> <u>Birth</u> <u>Rate</u>	<u>Death</u> <u>Rate</u>	<u>Adjusted</u> <u>Death</u> <u>Rate</u>
1956	10,670	82	166	7.6		15.5	
1957	10,780	102	150	9.4		13.9	
1958	10,910	100	161	9.1		14.7	
1959	11,080	105	178	9.4		16.0	
1960	11,480	114	172	9.9	11.3	14.9	12.1
1961	11,860	111	184	9.3	10.7	15.5	12.5
1962	12,230	123	182	10.1	11.2	14.9	12.5
1963	12,730	126	217	9.9	16.4	17.0	11.6
1964	14,030	163	190	11.6	22.5	13.5	7.4
1965	14,460	160	241	11.1		16.7	

The population shows an increase of 430 over the figure of 14,030 for 1964. The population figures are the Registrar General's mid-year estimate in each case.

MATERNAL MORTALITY

No case of maternal mortality was recorded in Seaford during 1965. Only one maternal death has occurred in the district during the past sixteen years, during which period 1,904 births have taken place.

INFANTILE MORTALITY

No infant death occurred during 1965.

BIRTH RATE

The crude birth rate for 1965 was 11.1 per 1,000 population.

DEATH RATE

The crude death rate for 1965 was 16.7 per 1,000 population and does not call for any comment. The average age at death of Seaford residents was 73.6 years.

Highest age at death was 98 years.
Lowest age at death was 2 years.

MAIN CAUSES OF DEATH

		% of deaths
(1) Diseases of the heart and circulatory system.	90	37.3
(Coronary disease accounted for)	54	22.4
(2) Cancer (all sites)	61	25.3
(Cancer of the lung or bronchus accounted for)	9	3.7

NATIONAL ASSISTANCE ACT, 1948

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Action was taken during the year under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves and are not receiving from other persons adequate care and attention.

The person concerned was an aged and infirm lady living in Council accommodation, who was removed in November to an East Sussex County Council home for elderly persons at Flimwell, Wadhurst.

Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Malignant Neoplasm Stomach	M F	5 3	- -	- -	- -	- -	- -	- -	- -	2 -	- 1	3 1	- 1
Malignant Neoplasm Lung Bronchus	M F	6 3	- -	- -	- -	- -	- -	- -	- -	- -	1 -	5 3	- -
Malignant Neoplasm Breast	M F	- 10	- -	- -	- -	- -	- -	- -	- -	- 1	- 3	- 2	- 4
Malignant Neoplasm Uterus	F	2	-	-	-	-	-	-	1	1	-	-	-
Other Malignant and Lymphatic Neoplasm	M F	16 16	- -	- -	- -	- -	- -	1 -	- 1	- -	4 3	6 6	5 6
Diabetes	M F	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -
Vascular Lesions of Nervous System	M F	11 32	- -	- -	- -	- -	- -	- -	- -	- -	1 1	6 8	4 23
Coronary Disease Angina	M F	30 24	- -	- -	- -	- -	- -	- -	- -	1 -	7 4	11 8	11 12
Hypertension with Heart Disease	M F	1 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 2
Other Heart Disease	M F	9 13	- -	- -	- -	- -	- -	- -	- -	- -	1 -	2 -	6 13
Other Circulatory Disease	M F	2 9	- -	- -	- -	- -	- -	- -	- 1	- -	- -	1 2	1 6
Influenza	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1
Pneumonia	M F	1 8	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1 7
Bronchitis	M F	4 3	- -	- -	- -	- -	- -	- -	- -	- -	- 1	1 -	3 2
Other Diseases of Respiratory System	M F	2 -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	1 -
Ulcer of Stomach and Duodenum	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1
Gastritis Enteritis and Diarrhoea	M F	1 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- 1
Other Defined and Ill-Defined Disease	M F	8 8	- -	- -	1 -	- -	1 -	- -	- 2	- -	2 -	1 2	3 4
Motor Vehicle Accidents	M F	1 -	- -	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -
All Other Accidents	M F	1 5	- -	- -	- -	- -	- -	- -	- 1	- -	- 1	- 1	1 2
Suicide	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -	- -
TOTAL ALL CAUSES	M F	99 142	- -	- -	1 -	- -	1 -	1 -	- 6	4 2	17 15	38 34	37 85

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY

During the period under review, the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes the Urban District of Newhaven and the Rural District of Chailey.

One Public Health Inspector carried out his particular duties in the Urban District of Seaford until 3rd May, 1965, when a further Inspector was appointed.

LABORATORY FACILITIES

These are provided by the Public Health Laboratory at the Royal Sussex Hospital, Brighton.

AMBULANCE FACILITIES

This service is supplied by the East Sussex County Council who have one ambulance stationed in Seaford.

HOSPITAL FACILITIES

Although there are no hospital facilities in Seaford, Seaford residents have available the hospital and specialist services provided by the Eastbourne Hospital Management Committee in Eastbourne. Similar facilities are provided in Brighton by the Brighton and Lewes Hospital Management Committee. Both these Management Committees are in the area of the South Eastern Metropolitan Regional Hospital Board.

Cases of infectious disease requiring hospital treatment are admitted into Foredown Hospital, Portslade. Any case of smallpox occurring in the district should be sent to the River Hospitals, Longreach, Dartford, Kent.

NURSING IN THE HOME

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

PROVISION FOR THE CARE OF MENTALLY DISORDERED

The East Sussex County Council administers the Mental Health Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.

CLINICS AND TREATMENT CENTRES

Services provided by the East Sussex County Council Clinic in Sutton Road include:-

Infant Welfare	2nd and 4th Tuesday
Ante-natal	Thursday
Dental	Monday, Tuesday, Wednesday and occasionally Thursday
Diphtheria Immunisation and Poliomyelitis Vaccination	4th Tuesday
Distribution of Welfare Foods	Tuesday and Friday afternoons
Mothercraft and Ante-natal relaxation classes	Mondays 3-4.30 p.m.
Chiropody	2nd and 4th Wednesday (conducted by the District Nursing Association)

Every Wed. except the 5th.

SECTION III

SANITARY CIRCUMSTANCES OF THE AREA

Mr. J. Murdoch has furnished the following report on the sanitary supervision of the district.

1. STAFF

It was found necessary during the year under review to appoint another Public Health Inspector who was also designated Deputy Housing Manager. The staff now consists of two Public Health Inspectors, one clerical assistant and one part-time rodent operator.

2. REHOUSING

A block of twenty flatlets was completed during the year, these flatlets consisting of a bed-sittingroom unit for each tenant with communal facilities and warden service. There is little doubt that this type of accommodation serves a useful purpose in catering for elderly applicants who need a small measure of background assistance.

It is, however, venturing to some degree into the province of a welfare authority and care has to be taken in the selection of tenants in order that the warden is not called upon to bear too great a burden in giving the background assistance required.

A start was also made with the next stage of the Council's building programme which consists of sixteen 2 bedroom houses, sixteen one bedroom flats, eight 2 bedroom flats and eight 3 bedroom houses. Making a total of 48 units.

It is hoped that by building several types of accommodation in the same area it will allow a more flexible policy to be followed at a later stage in connection with transfers arising through under occupation.

259 houses were built by private enterprise during the year, compared with 310 in 1964.

Statistics

The following figures give an indication of the activities during the year in connection with allocations, transfers and the maintenance of the housing waiting list:-

Allocations:

There were 27 allocations during 1965.

The number of applicants rehoused being:-

Ten from the family list.

Seventeen from the single bedroom flat list.

Eight tenants were transferred.

Two families exchanged accommodation.

New Applications Received

Main List	34
One Bedroom Flat List	26

The position with respect to the number of applicants on the housing waiting list at the end of the year was as follows:-

	<u>1st January 1965</u>	<u>31st December 1965</u>
Main List	91	92
One Bedroom Flat List	<u>84</u>	<u>85</u>
	175	177

3. PREVENTION OF DAMAGE BY PESTS ACT 1949 - RODENT CONTROL

A part-time rodent operator was employed four hours each day for five days per week under the general supervision of the Public Health Inspector. A free service was provided to private dwelling houses, while all business premises were required to pay on a fixed hourly rate for treatments carried out.

The number of complaints received for the twelve months closely followed the pattern of the previous year. The type of complaint made was also similar in that the majority of notifications were found to be very slight infestations involving a very small number of rats in each case. Quite a number of these infestations were associated with new developments taking place throughout the district.

The number of properties inspected was 202 of which 113 were found to be infested. The treatments and inspections carried out involved 958 visits.

4. SUPERVISION OF FOOD PREMISES

Two biological milk samples were taken throughout the year and tests were carried out to ensure that the milk was free from any organisms which could cause tuberculosis or brucellosis in the consumer. In addition checks were made for the presence of penicillin in the milk and all of the tests showed negative results.

Ice-Cream

Fifty-three premises within the district are registered for the storage and sale of ice-cream. The sale of "Soft" ice-cream from the special machines provided would seem to be on the increase and most of the unsatisfactory samples obtained were from this source. A very high standard of daily cleaning and sterilising is required in the operation of the machines concerned and contamination can easily occur, although this is not serious in most cases. However, strict control through regular sampling is absolutely necessary and the number of samples taken throughout the year has been increased for this reason.

Thirty-three samples were taken and the results of the Methylene Blue tests were graded as follows:-

Grade I	24
Grade II	3
Grade III	3
Grade IV	3

The unsatisfactory samples in Grade III and IV were closely investigated and the source of contamination was believed to have been eliminated as further samples were all in Grade I.

Food Premises

The food premises register now contains records of premises as follows:-

4 Bakehouses	3 Fish Shops
8 Butchers	1 Fried Fish Shop
2 Dairies	11 Hotels
14 Grocers	6 Mixed Business
14 Confectioners	7 Public Houses
8 Greengrocers	1 Snack Bar
5 Bakers and Confectioners.	2 Coffee Bars.
16 Restaurants.	

In addition to the normal routine inspection of food shops in the town, a special survey was made of all the school kitchens in the district of which there are quite a number including many privately operated schools. The general standard was found to be reasonable but some contravention was found in almost every case, many of these infringements being of a minor character. Informal notices were served where necessary.

Every effort was made to maintain a satisfactory standard of hygiene in all food premises while no opportunity was lost of trying to obtain a higher standard wherever possible. This section of the work of the department has to compete with many demands from the other branches and progress made must be judged accordingly. It will be appreciated that it is most important to carry out regular supervision after reaching the required standard, otherwise the improvements gained may very well be lost within a relatively short period, and this in itself creates a considerable amount of work.

Methods of food production and processing are continually changing and a knowledge of these changes is essential from the point of view of efficient administration. The problems created by large scale production and distribution do not diminish to any extent but there is undoubtedly a very high standard of hygiene maintained on the premises of most major firms and faults that do occur can often be attributed to the lack of adequate control of stock rotation on the part of the retailer. The pre-packing of many foods obviously has hygienic advantages but this does not constitute an absolute guarantee of fitness as here again there is ample scope for error at various stages of production and distribution.

A total of 153 visits was made to premises throughout the area.

Food Inspection

All meat coming into the district has been already inspected by other authorities and food inspection is confined to tinned foods and similar products. When the vendor has any doubt as to fitness, he seeks the aid of the department and is normally quite willing to surrender the article if found to be unfit. Problems also arise on occasions when a breakdown occurs in cold storage equipment and a delay occurs before low temperatures are again attained. This type of incident accounts for a considerable amount of the condemned food listed below:-

Food Condemned

Two 13 lbs 10 ozs tins Cooked Ham.	Blown tin/ decomposition.
Four 4 lbs tins Ham.	Decomposition.
28lbs Plaice.	Decomposition.
11½ lbs Bovine Liver.	Decomposition.

418 Packets of Frozen Foods. Due to refrigeration
(including Fish, Ice-cream, breakdown.
meat, Pies, Vegetables etc.)

5. WATER SUPPLY

The water supply to the Urban District is provided by the Mid-Sussex Water Company. Several samples were taken of this water supply throughout the year and submitted to the Public Health Laboratory at Brighton as a test for bacterial purity. All the samples submitted were found to be satisfactory in all respects.

Almost every property throughout the district has a piped water supply provided by the Company direct to the house and in all cases the quality and quantity was maintained satisfactorily. A well supplying a restaurant in a rural section of the district was kept under close observation and regular samples proved to be of a good standard at all times.

6. SEWERAGE

The development of the Urban District for residential housing purposes is increasing the load on some sections of the sewerage system and it is inevitable that some alterations will soon be necessary. Further consideration has been given to providing a sewer to Bishopstone Village and it is hoped that this will eventually be laid within the not so distant future if the national economic position permits.

The question of the disposal of sewage by discharge into the sea has received a great deal of attention during the period under review both locally and nationally. A new outfall was completed several years ago, the opportunity being taken at that time to incorporate the necessary pipeline within the new concrete groyne which was then being constructed for sea defence purposes. Few complaints have been received concerning beach pollution within the Urban District but observations are carried out, especially during the Summer months, to ascertain the general position.

7. CARAVANS

The one licensed site in the area consists of 200 caravans used on a seasonal basis only from April until October. The standard for 1965 was fully satisfactory and very few complaints have been received during the many years this camp has been in operation. Regular spot checks are made at varying times throughout the season and people visiting the site are interviewed as to the general conditions they find on the site.

The general administration standard is high and the provision of amenities is also satisfactory in all respects for this type of caravan camp.

Apart from a few individual caravans used in conjunction with dwelling houses, there are no other caravans used for human habitation within the district.

8. PUBLIC HEALTH - HOUSING

Number of nuisances and housing defects	52
Number where nuisance abated or defects remedied as a result of informal notice.	52
Number of Statutory Notices served	Nil
Number of Statutory Notices complied with	Nil
Closing Order on buildings and still operative.	4

9. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It was virtually impossible to find time to carry out inspections under this Act until an additional inspector was appointed in May. Some progress was made during the latter part of the year and the inspections carried out were as follows:-

No of premises registered by end of year	140
No of employees involved	696
No of premises receiving detailed inspection	44
Total number of visits of all kinds made under the Act.	114

Some contravention was found in almost every case although there were many infringements of a minor character as well as several instances where a considerable amount of work was required. Informal notices were served following the inspections and these are followed up as soon as the opportunity arises. There are undoubtedly premises within the district which have not yet applied for registration but these will be picked up in conjunction with other routine inspections.

10. GENERAL DUTIES

When an additional inspector was appointed the department was made responsible for further sections of administration in connection with the Council's housing estates. The present position is that all general matters of housing management are dealt with by the Health Department, while the maintenance work is carried out by the Surveyor's department in close co-operation with the former. The rent collection remains as before within the control of the Treasurer. This system has worked very well to date and as far as repairs are concerned this is to a large extent due to the maintenance staff.

On the health side, the work of the department ranges over a wide field involving the administration of many Acts. This involved visits to hairdressers, pet shops, building sites, and other miscellaneous premises, and the amount of work involved in all duties has kept the staff fully occupied. Wherever possible it has been the policy to try to look beyond the day to day administration to see if improvements can be implemented, but the pressure of routine duties leaves little scope in this respect.

11. FACTORIES ACT, 1961

In the Urban District there are nine factories on the register in which Sections 1, 2, 3, 4, and 6 of the above Act are enforced and 30 factories in which Section 7 only is enforced. During 1965 twenty-six inspections were carried out. Details are as follows:-

PART I OF THE ACT

1. Inspections for purposes of provisions as to health
(including inspections made by the Public Health Inspector)

PREMISES	NUMBER ON REGISTER	NUMBER OF		
		INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities.	9	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	30	19	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority. (excluding out- workers' Premises)	-	-	-	-
TOTALS:	39	26	-	-

2. CASES in which DEFECTS were found:

PARTICULARS	NUMBER OF CASES IN WHICH defects were found	
	FOUND	REMEDIED:
Want of cleanliness	3	3
Overcrowding	-	-
Unreasonable temperature	-	-
Inadequate ventilation	-	-
Ineffective drainage of floors	-	-
Sanitary Conveniences		
(a) Insufficient	-	-
(b) Unsuitable or defective	-	-
(c) Not separate for sexes	-	-
Other offences against Act (Not including offences relating to Outwork)	-	-
TOTALS	3	3

PART VIII of the ACT

OUTWORK
(SECTIONS 133 and 134)

NIL

SECTION IV

PREVELANCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

319 cases of infectious disease were notified in Seaford during 1965. The details were as follows:-

DISEASE	NUMBER OF CASES	ADMITTED TO HOSPITAL	DEATHS
Measles	318	1	-
Erysipelas	1	-	-
TOTALS	319	1	-

The following figures relating to Vaccination and Immunisation are supplied by the East Sussex County Council.

DIPHTHERIA IMMUNISATION

	CHILDREN BORN IN YEARS:-						TOTAL
	1965	1964	1963	1962	1958 1961	others under 16	
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) DURING 1965	90	58	11	3	4	13	179
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e. subsequently to primary immunisation at an earlier age) DURING 1965	-	46	85	13	116	96	356

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	Year of birth						
	1965	1964	1963	1962	1958 1961	others under 16	TOTAL
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1965	90	58	11	3	2	-	164

VACCINATION AGAINST SMALLPOX

The following persons were Vaccinated or revaccinated against smallpox in 1965.

AGE AT DATE OF VACCINATION	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL
NUMBER VACCINATED	1	1	1	1	64	32	9	109
NUMBER REVACCINATED	-	-	-	-	1	2	38	41

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

- (1) Optimum Age - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.
- (2) Contra-indications -
 - (a) exposure to infectious disease
 - (b) septic skin conditions
 - (c) infantile eczema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
 - (d) Hypogammaglobulinaemia
 - (e) cortico-steroid treatment
 - (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

- (1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood.

But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

(2) Contra-indications, Consideration must be given to:-

- (a) septic skin conditions
- (b) a history of or the presence of eczema.
- (c) hypogammaglobulinaemia
- (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
- (e) early pregnancy. On general principles it is desirable to avoid the use of a live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or revaccination of all close contacts.

SECTION V

TUBERCULOSIS

In 1965, two new cases of pulmonary tuberculosis were notified amongst Seaford residents. In addition, three cases of pulmonary tuberculosis were notified amongst people coming to live in the area. There were no deaths from tuberculosis during the year. Four cases were reported as recovered and were removed from the register during the year.

<u>AGE PERIOD</u>	NEW CASES AND MORTALITY 1965							
	<u>NEW CASES</u>				<u>DEATHS</u>			
	Pulmonary M	Pulmonary F	Non-pulmonary M	Non-pulmonary F	Pulmonary M	Pulmonary F	Non-pulmonary M	Non-pulmonary F
Under 1 year	0	0	0	0	0	0	0	0
1 - 4	0	0	0	0	0	0	0	0
5 - 14	0	0	0	0	0	0	0	0
15 - 24	1 New	1 in	0	0	0	0	0	0
25 - 34	1 in	0	0	0	0	0	0	0
35 - 44	0	0	0	0	0	0	0	0
45 - 54	1 new 1 in	0	0	0	0	0	0	0
55 - 64	0	0	0	0	0	0	0	0
65 +	0	0	0	0	0	0	0	0
Age unknown	0	0	0	0	0	0	0	0
TOTALS	4	1	0	0	0	0	0	0

new = new case
in = transfer into district

Number of cases on register at December 31st 1965

<u>MALES</u>		<u>FEMALES</u>		<u>TOTAL</u>
<u>Pulmonary</u>	<u>Non-pulmonary</u>	<u>Pulmonary</u>	<u>Non-pulmonary</u>	
39	3	26	7	75

Whereas at December 31st, 1964, the number of cases on the register was:-

38	4	26	7	75
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